

Dorland (W. A. N.)

Tetanus neonatum



presented by the author

TETANUS NEONATORUM.

BY W. A. NEWMAN DORLAND, M.D.

Instructor in Gynecology, Philadelphia Polyclinic.

TETANUS of the new-born child is of such an infrequent occurrence that more than the ordinary degree of interest is necessarily centered in any given case. Not only is this due to the rarity of the disease, but also our comparative ignorance of the pathology and causation thereof renders any accurate report of a case doubly interesting as possibly aiding in elucidating these obscure questions. Thanks to the valuable labors of the pioneers, Beumer and Peiper, and their followers, we are to-day in a position to state definitely that tetanus, whether occurring in adult, child or infant, is one and the same disease, but in what its precise pathology, macroscopic and microscopic, consists; as to the method of working of its specific germ or poison; its mode of entrance into the system; and why it should be of such rare occurrence in the newly-born; these are all questions that have perplexed and still are agitating the minds of many. Even a brief review of the theories and arguments advanced in regard to these points would far outreach the scope of this short report. We do know, however, that it is most frequently the offspring of the indigent and untidy that are affected, and that the children of the colored race are much more subject to it than are their lighter complexioned fellows. It appears to occur irrespective of climatic influence, and so far as we are able to state would seem to be mainly a sequel of some form of traumatism associated with septic infection often of obscure origin. The open wound of the umbilical cord would

certainly afford ample entrance to septic germs in infants improperly cared for, and in the case now to be reported it was very probably here that the disease originated.

On the evening of the 25th of July, the writer was hastily summoned to a tenement-house to see a "very sick baby." In a small-sized bedroom in the upper story, containing two beds and presenting more than the usual degree of untidiness, there was found a well-formed female colored child, six days old, who presented the following history and symptoms: The child was born at 1 o'clock, on the morning of July 19th. The woman was attended by a colored midwife, who stated that so far as she knew everything in the confinement had been normal, and that she had given special attention to the dressing of the cord. The child had taken the breast at regular intervals, and appeared absolutely well until the morning of the fifth day, when it developed an extreme degree of restlessness, refused the nipple and seemed to be in pain, as evidenced by constant crying. The mother had noticed that at this time it had developed a moderate amount of fever, and on attempting to introduce her finger into its mouth she had found it utterly impossible to do so on account of the rigidity of the jaws. Its condition had progressively grown worse until the evening of the next day, when the physician was sent for.

Upon stripping the infant, the following notes were made: The child lay upon its back with tightly-closed eyes and puckered

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lips, the latter being deeply cyanosed. There was considerable distention of the abdomen and some pouting of the umbilicus. On superficial examination the wound left by the dropping of the cord appeared to be almost completely cicatrized and presented an absolutely healthy appearance. The limbs were strongly contracted upon the body, assuming the normal position of the limbs in the fetal ellipse, and resisted efforts at straightening. At this time it was noticed that drawing the finger lightly over the distended abdomen was sufficient to throw all of the muscles into a state of spasmotic contraction. The bowels were slightly costive. A doubtful prognosis was given. The child was fed by gavage, the milk—1 or 2 drams every hour—containing a couple of drops of whisky. One grain acetanilid powders were administered every two hours as a nervine and antipyretic; the bowels were opened by enema, and a spice-poultice was placed over the enlarged and tympanitic abdomen. Notwithstanding these efforts, the child progressively grew worse through the night and died the next morning—the seventh day after birth. Just

before death supervened there occurred an oozing of blood from the umbilicus and a more profuse bleeding from the nose and mouth. The nervous tension of the child became so extreme during the morning that, the mother said, a loudly spoken word or a laugh was sufficient to induce a violent convulsive seizure. A post-mortem examination was refused.

It is impossible to state absolutely what was the origin of the infection in this case. That it occurred through the umbilicus is very strongly indicated by the slight omphalorrhagia that was noted immediately prior to death. The essential conditions of filth and poor hygienic surroundings were present, and delivery by a colored midwife is presumptive evidence of further lack of anti-septic precautions. As is usual in these cases, there was no response to treatment. It would be interesting to know what would have resulted from the administration of the anti-toxin of Tizzoni and Cattani. Whether this has as yet been employed in the treatment of tetanus neonatorum the writer has not been able to determine.

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